Creating Healthy Communities

The Role of Counties in Reducing Health Disparities

NACO National Association of Counties
Counties Care for America

About the National Association of Counties

Founded in 1935, the National Association of Counties (NACo) is the only national organization in the country that represents county governments. With headquarters on Capitol Hill in Washington, D.C., NACo's primary mission is to ensure that the county government message is heard and understood in the White House and in the halls of Congress.

NACo's purpose and objectives are to:
- Serve as a liaison with other levels of government;
- Improve public understanding of counties;
- Act as a national advocate for counties; and
- Help counties find innovative methods for meeting the challenges they face.

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***Special thanks to the counties featured as model programs in this report for submitting information on their programs.**

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National Association of Counties

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Letter from NACo President Angelo Kyle

November 2004

Dear Fellow County Official,

The elimination of health disparities is an urgent issue facing our country today. Over the last few years, two landmark reports have documented the extent of disparities in health care and created a Congressional mandate for change. This publication describes these disparities and introduces promising county strategies to reduce disparities and improve health outcomes for all Americans.

As you know, there have been impressive improvements in the health care system in this country. Technology and advances in medicine have greatly improved the health and quality of life for many Americans, but not for all. You can imagine that since racial and ethnic minorities frequently do not have access to basic primary health care, many also have not benefited equally from these medical advances:

Racial and ethnic minority groups have higher rates of breast and cervical cancer, cardiovascular disease, diabetes, HIV/AIDS, and infant mortality. Additionally, many elderly people and children do not receive the crucial immunizations they need. Moreover, racial and ethnic minority groups are not the only populations who experience health inequities. Individuals of lower income, those from rural and frontier communities, the elderly, and those with disabilities also experience disproportionately less access to quality health care. Many of these groups also face higher health risks associated with environmental hazards, poor nutrition, and obesity.

Racial and ethnic minority groups are projected to represent nearly 40% of the U.S. population by 2030. Our country continues to become more diverse; therefore, I believe that efforts to eliminate health disparities should be a national policy priority.

The good news is that we as county officials can do something about this in our communities. As a Board Member in Lake County, Illinois, I have strongly supported our community health center in providing health care to residents in need. Our health department is also one of 350 federally-supported health centers that participate in the Health Disparities Collaborative, working to improve patient care for chronic diseases, such as cancer and cardiovascular disease, among racial and ethnic minorities.

Across the country, there are many innovative and promising county initiatives focused on reducing health disparities. Strategies that expand access to culturally and linguistically competent primary care, preventive care, and health information can improve the health of minorities. I encourage you to read this publication to learn more about health disparities and the resources available to reduce disparities and improve health outcomes in your community.

I also ask you to support me in my year as President of the National Association of Counties as I work to raise the awareness of this issue among local, state, and national officials.

Sincerely,

Angelo D. Kyle
President
Board Member, Lake County, Illinois

Table of Contents

What Are Health Disparities?

The term "health disparities" refers to differences in the quality of health care and health outcomes depending on someone's race, ethnicity, age, disability status, socioeconomic status, and/or geographic location.

Racial and ethnic minority populations, including African Americans, Latino Americans, American Indian/Alaska Natives, Asian/Pacific Islanders, and low-income populations are more likely to be uninsured and experience poorer health status and higher rates of mortality.

Documenting health disparities is important. But it is equally important to consider the potential root causes of minority health disparities. These causes are often outside the scope of public health. Factors contributing to poorer health outcomes include language barriers, unemployment, lower quality and less stable housing, lack of education, poverty, inadequate transportation, lack of health insurance, and lack of access to preventive, primary and specialty health care services. Understanding how combinations of these factors contribute to health disparities offers insight into the important role that counties can play to improve community health for all residents.

However, even when minority populations have access to health care, other barriers to parity may exist. These barriers include lack of cultural and linguistic competence and a health care workforce that may not reflect the diversity of populations being served. To reduce or eliminate health care disparities, these barriers must be tackled.

Landmark Studies Quantify Disparities

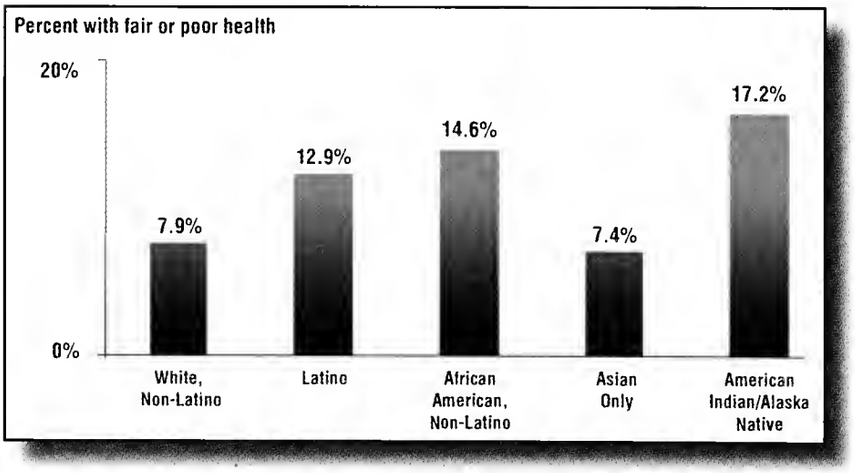
The nation's major health institutions continue to identify the barriers to equitable health care and health outcomes through intensive research. The purpose of their research is to better understand what causes disparities and inform policy makers about the most effective strategies for reducing disparities in health.

There are several national studies that provide comprehensive information about the nature of health care disparities and recommend solutions. Two reports in particular, from the Institute of Medicine and the Agency for Healthcare Research and Quality, have significantly raised awareness about the challenge that health disparities pose to our country and why an aggressive plan is needed to eliminate them.

At the request of Congress, the National Academy of Sciences' Institute of Medicine produced the first landmark study, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, in 2002. The study found that minorities receive lower quality health care than whites, even when they have the same or similar insurance coverage and income. The report suggests that potential bias, prejudice, and stereotyping among health care providers may affect the quality of care they provide to ethnic and minority patients. The report has spawned further investigation into cultural and linguistic competency and workforce diversity as strategies to improve the quality and delivery of health care for racial and ethnic minorities.

In 2003, also at the request of Congress, the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services, conducted a follow-up study and released the National Healthcare Disparities Report. The AHRQ report provides the first comprehensive, national picture

Fair or Poor Health, by Race & Ethnicity, 2000



Data: National Center for Health Statistics, National Health Interview Survey, 2000.
Source: Health, United States, 2002, Table 59.

American Indian/Alaska Natives, African Americans and Latinos are more likely to rate their health as fair or poor than are whites and Asians.

of the extent of health disparities and presents key findings to assist policy-makers and other health care leaders to improve health care quality and services for all populations. The report also expands the populations referred to as being subject to disparate treatment to include those from lower socioeconomic backgrounds and those who live in rural areas, in addition to racial and ethnic minorities.

The report offers six major conclusions:

- **Health Care Quality:** Health care quality is unequal for racial and ethnic minorities and lower income individuals. Minorities are more likely to be diagnosed with late-stage cancers. Poorer people are less likely to receive diabetic services and more likely to be hospitalized for diabetes and its complications. African American and poorer patients have higher rates of avoidable admissions to the hospital and emergency rooms.

- **Return on Investment:** There is a fiscal benefit to reducing health disparities. The cost of health care can be reduced by eliminating disparities. By providing disease management and preventive care, long-term hospitalization and unnecessary emergency room visits can be avoided. For example, many ethnic minorities and individuals of lower socioeconomic backgrounds do not receive low-cost immunizations to prevent the flu and pneumonia.

- **The Uninsured and Access to Care:** Lack of access to health care often leads to poorer quality of care. People most typically experience barriers to health care services because they lack health insurance coverage. Racial and ethnic minorities and individuals of lower socioeconomic status have lower rates of coverage, are more likely to have public insurance, such as Medicaid and SCHIP, and have less consistent access to primary care.

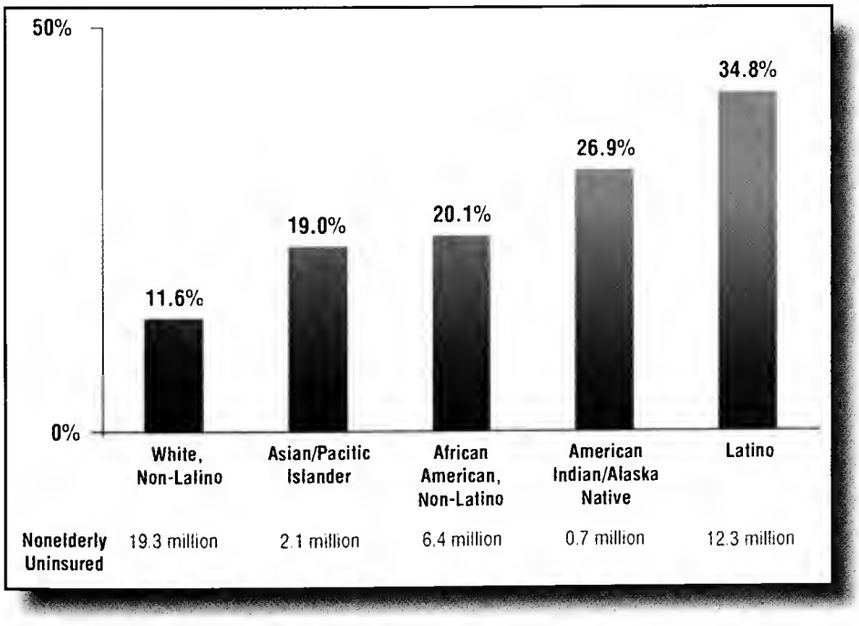
- **Prevention:** Greater emphasis on preventive health care could improve health outcomes for all individuals, especially minority and low-income patients, since they currently receive disproportionately less preventive care services. Examples of preventive health care include childhood immunizations, adult flu immunizations, and screening and early treatment services for cancer and cardiac risk factors.

- **Further Research:** It is not fully understood why certain health disparities exist, and there remains a lack of national data. Studies suggest that poor communication with health care providers and challenges with patient-provider relationships could be causing poorer health outcomes in racial and ethnic minority groups, but further research is needed. It is hoped that new data and research will lead to more effective strategies for reducing disparities.

- **Promising Solutions:** Fortunately, health disparities can be reduced. There are examples of innovative and promising strategies that improve the access to and quality of health care for populations at risk. (Several promising county strategies are introduced later in this publication.)

The Institute of Medicine report is on-line at *www.iom.edu/report.asp?id=4475.* The AHRQ report is on-line at *www.ahrq.gov/qual/nhdr03/nhdrsum03.htm.*

Nonelderly Uninsured Rates Among Racial & Ethnic Groups, 2001



People of color are more likely than whites to be uninsured, with Latinos and American Indians being 2 to 3 times as likely to be uninsured as whites. Differences in health coverage across racial/ethnic groups are partially explained by differences in income, types of employment, and eligibility for public insurance programs.

Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured, analysis of March 2001 Current Population Survey.

Areas of Health Disparity

- **Nutrition/Obesity:** Racial and ethnic minorities experience higher rates of disease related to obesity, poor nutrition, and physical inactivity when compared to non-minorities. These diseases include heart disease, stroke, type 2 diabetes, and cancer.

- **Health Insurance:** More than half of those who are uninsured in the U.S. are racial and ethnic minorities.

- **Access to Preventive and Primary Care:** Racial and ethnic minorities are more likely to receive care at health clinics or hospital emergency rooms. It is less likely that they will have a primary care physician whom they see regularly. The rural underserved experience particular challenges in accessing regular care because there are fewer doctors, longer distances to travel to see a doctor, and more limited hours of operation for clinics and doctors offices.

- **Access to Specialty Care:** Conditions such as asthma, HIV/AIDS, cancer, and heart disease disproportionately affect minority racial/ethnic groups. Access to specialty care is similarly disparate. Individuals living in rural communities experience greater disparities in accessing specialty care due a severe lack of specialist doctors practicing in rural areas.

- **Diagnosis and Treatment:** Holding income and insurance rates constant, racial and ethnic minorities often do not receive the same medical treatment and/or procedures as non-minorities.

- **Health Status:** For the above reasons and others, racial and ethnic minorities overall exhibit disproportionately poorer health outcomes.

The County Role in Reducing Disparities

As with many social challenges facing the country, counties are the providers of last resort and are often called upon to solve problems from the ground up. This holds true for the county role in reducing health disparities. Local governments are often the one's who have no choice but to design their own programs to address problems such as the lack of access to health care, physician shortages, and a variety of other deficits in providing health services to those in need. The good news is however, some of the best innovation occurs at the local level. County officials are often the pioneers in leading their local governments to solve what seem like insurmountable problems. A community of county officials committed to the idea of providing access to health care for all their residents, despite race and ethnicity, income, geographic status, etc. will start an important process of change from the ground up. This community of county leaders has already been set in motion and the following offer some concrete strategies to help counties continue the process.

Ideas for Getting Started

- Use national, state, and local research on health disparities to **EXAMINE**, design and/or restructure the way your county delivers health care to underserved populations.

- Launch an education campaign to **RAISE** awareness about health disparities in your county, or design a health education campaign to reach a targeted underserved population. When individuals have access to health information, such as information on when and where to seek treatment, and when they fully understand their diagnosis and treatment instructions, they have a much greater chance of making better health decisions.

- With the goal of increasing access to preventive and primary care, **BUILD** coalitions and partnerships among county departments, community health centers, and other community organizations that serve targeted populations. Extend these coalitions and partnerships beyond the traditional public health community to include workforce development, education, housing, and faith-based organizations and the business community. All will benefit from the improved health status of county residents.

- **FIND** out if your state has an initiative to reduce health disparities. State and local governments can be more effective working together than working alone.

- **UNDERSTAND** the importance of health literacy, cultural competency, and workforce diversity in successfully carrying out any strategy aimed at reducing health disparities:

"Health literacy" refers to the extent to which individuals understand information given to them by health care providers. As many as 75% of those with serious health problems in the U.S. read, write, and speak limited English. Moreover, low functional literacy resulted in an estimated $32 to $58 billion in additional health care costs in the U.S. in 2001.

"Cultural competency" extends beyond language to health care providers being trained and using the most effective ways to interact with patients from varied backgrounds. It can also involve educating patients to be more effective in communicating with providers. Studies suggest that when providers show greater sensitivity and understanding, patients are more likely to adhere to treatment guidelines. Some states and counties have developed a set of minimum standards for ensuring culturally competent care.

"Workforce diversity" means recruiting and hiring individuals from diverse backgrounds to the health care field. Research suggests that a racially and ethnically diverse health care workforce that reflects the diversity of patient populations being served increases cultural sensitivity and produces better health outcomes.

■ **EXPLORE** participation in the following national programs aimed at reducing health disparities:

"Healthy People 2010"

U.S. Department of Health and Human Services – Office of Minority Health

A major goal of this initiative is to eliminate racial and ethnic health disparities. This program provides grants to communities to design local initiatives that will reduce health disparities in six priority areas: cardiovascular disease; immunizations; breast and cervical cancer screening and management; diabetes; HIV/AIDS; and infant mortality. Several counties have received these grants.

www.cdc.gov/reach2010/

"Health Disparities Collaboratives"

U.S. Department of Health and Human Services – Bureau of Primary Health Care

This initiative is designed specifically for community health centers. The focus is on improving chronic disease management for underserved patients. The idea is to improve the current system of care by getting patients involved in their care and treatment and by having "patient care teams" caring for patients rather than just one physician. Counties can apply in partnership with community health centers.

www.healthdisparities.net

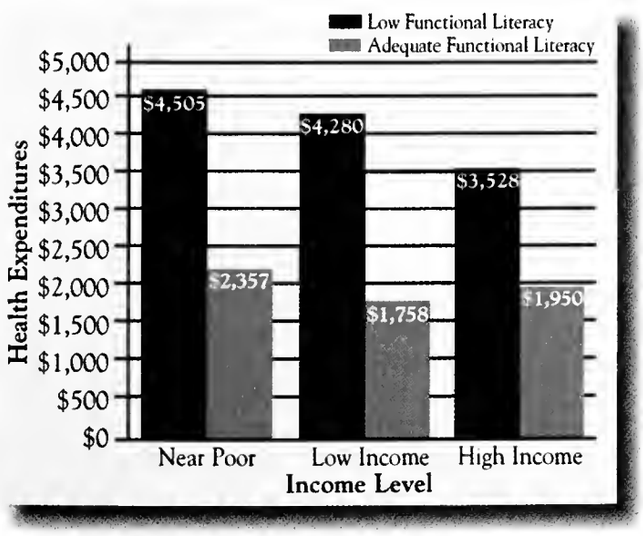
"HHS Disparities Initiative"

The U.S. Department of Health and Human Services has several other programs and activities to reduce health disparities of interest to counties.

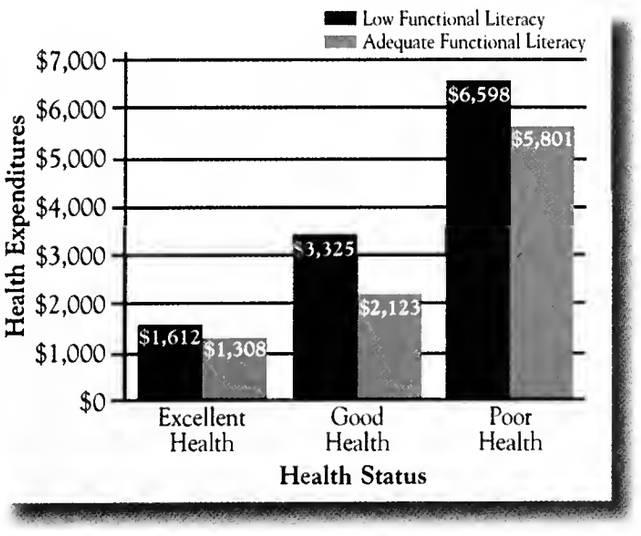
www.omhrc.gov/rah/indexnew.htm

These tables show average expenditures per person by health status and family income among people whose estimated functional literacy is in the bottom 20% compared to the rest of the population. Average per person expenditures were greater among those most likely to have low functional literacy.

Average Per Person Health Expenditure by Income, 1998



Average per Person Health Expenditure by Health Status, 1998



Source: 1998 Medical Expenditure Panel Survey by the Center on an Aging Society

A Special Note about Community Health Centers

Community health centers are playing an increasingly significant role in the health care safety net system of communities and, as a result, in reducing disparities.

According to a survey completed by NACo and the National Association of Community Health Centers in 2002, 180 counties reported funding community health centers. Increasingly, counties are finding that partnering with a local health center in their county can be a very promising strategy for reducing health disparities. There is also a tremendous financial benefit to having health centers in counties. It is estimated that they save taxpayers billions of dollars each year by offering primary medical care to the uninsured.

Community Health Centers provide primary care and preventive health services to individuals who are uninsured or who have limited health care coverage. Of the 15 million medically underserved people seen in health centers, 70 percent had incomes below the federal poverty level, nearly 40 percent had no insurance, and 70 percent were members of racial/ethnic minority populations. Approximately 30 percent of health center patients would be better served in a language other than English.

Community health centers are particularly effective at establishing themselves in a community - building trusting relationships with community members in need of health care – resulting in significant reductions in minority health disparities. One of the most significant ways they have improved African American and Hispanic health has been on prenatal care and infant health outcomes.

There are many examples of how counties are successfully collaborating with community health centers to provide primary care services. There is also a designated amount of grant dollars available for local governments to apply for federal funding for a federally qualified health center. Counties can find further information on how to apply for health centers at the Bureau of Primary Health Care's website: *www.bphc.hrsa.gov/bphc/index_1.htm.*

Promising County Programs

Mecklenburg County, North Carolina

"Partners in Eliminating Racial and Ethnic Health Disparities"

A collage from Mecklenburg County's June 4th, 2004 Health Disparities Leadership Symposium hosted at Pfeiffer University. The event featured local County Commissioner Norman Mitchell, Sr., Keynote Speaker Barbara Pullen-Smith, MPH, NC Office of Minority Health and Health Disparities, and Local Health Director Peter Safir.

Mecklenburg County Health Department's (MCHD's) award winning "Partners in Eliminating Racial and Ethnic Health Disparities" initiative is dedicated to enhancing collaboration and partnerships in delivering health care to minorities and other vulnerable populations. In September 2000, MCHD launched the initiative to unite representatives from the community, including consumers, representatives from health and human services groups, medical providers, local universities, faith-based leaders, community-based organizations, and private sector stakeholders. These efforts began with a series of community "think tanks" to garner input, concerns, suggestions, and community solutions about health disparities in Mecklenburg County.

MCHD has taken a leadership role in building relationships, advocating for partnerships, and mobilizing the community to do more to close the health care gap. MCHD recognizes that eliminating racial and ethnic disparities is a complex task but has embraced the challenge and made it a top priority of the county's public health system. MCHD leadership has helped its partnering agencies to revise policies that enable the consumer to navigate the system more easily, but the most appreciated result has been an empowered consumer that makes an informed decision regarding his/her health.

Key Milestones:

- Held "Mecklenburg County Call to Action: Community Forum on Health Disparities," featuring former State Health Director and former U.S. Surgeon General Dr. David Satcher;
- Launched a local uninsured campaign as a part of the National Cover the Uninsured Week campaign, which included a Proclamation from the Board of County Commissioners to raise awareness about the uninsured in Mecklenburg County.
- Formed the Medlink Coalition (ACCESS to Health Care Coalition) – The Mecklenburg County Medical Society created Physician Reach Out, which aims to provide free medical care to more than 12,000 uninsured residents;
- Organized and established first Patients Assistance Fund for Metrolina Comprehensive Health Care System (primary health care site) to assist uninsured patients with first co-pay;
- Established faith-based preventive health screening in collaboration with Charlotte Medical Society;
- Established an HIV/AIDS Task Force; and
- In 2004, established the first Educational Collaborative for Eliminating Health Disparities, a consortium of three local universities and several community, faith-based, and private sector organizations dedicated to providing educational opportunities that connect residents to health and wellness resources.

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"Ethnic minority populations are disproportionately affected by diabetes. African Americans, for example, have four times the diabetes death rate (of whites). REACH activities address these diabetes disparities, and support people in leading long and healthy lives."

Dr. Alonzo Plough
Health Department Director
Seattle-King County

Seattle-King County, Washington
"REACH 2010 Coalition"

Funded by the Centers for Disease Control and Prevention since 1999, the Seattle-King County REACH 2010 Coalition, has worked toward the goal of eliminating diabetes-related disparities among African American, Latino, Asian American, and Pacific Islander populations in King County. REACH stands for "Racial and Ethnic Approaches to Community Health."

Because of the complexities of both diabetes management and the multi-cultural community, the REACH Coalition developed strategies to intervene on four levels: the individual; the individual's network of family and friends; the health care system; and the broader community support system.

For each racial and ethnic group, there are both core interventions and specific approaches based on the needs and preferences of the group. Interpretative services as well as translated diabetes education materials are provided in seven languages (Cambodian, Chinese, Filipino, Korean, Samoan, Spanish, and Vietnamese). This integrated approach to eliminating disparities related to diabetes includes a wide array of planned intervention activities: support groups and peer education; individual case management; self-management classes; restaurant and grocery store information campaigns; faith-based education; education activities at the work-site; and education at pharmacies.

The REACH Coalition guides the diabetes intervention effort and includes a wide range of organizations, experts, people with diabetes, and other agencies and individuals interested in diabetes and the health of people of color. The diabetes intervention plan is implemented by several contracting agencies who work with specific ethnic and racial groups. More than two dozen groups participate in the Coalition.

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Genesee County, Michigan

"REACH 2010"

health.co.genesee.mi.us

Racial disparities in infant mortality rates persist in Genesee County despite at least two decades of policy change and contributions from the clinic and science laboratories. The disparity between infant mortality rates of African Americans and whites in the county rank among Michigan's highest. Although many explanations have been proposed for the failure to reduce this disparity, two of the most compelling explanations are central to Genesee County's REACH Community Action Plan (CAP):

- No single intervention is likely to eliminate racial disparities in infant death; and
- The period of pregnancy is simply too short to effectively address many risk factors important to infant health.

The Genesee County REACH Team designed the REACH CAP to promote continued dialogue, advocacy and outreach, and community mobilization. Over the last four years, the Genesee County REACH Team has implemented a number of activities in an effort to address racial disparities in infant mortality. These include educating the community through workshops, discussion groups, and broader media campaigns in order to increase understanding about the role race plays in infant mortality rates. Other interventions are geared toward building cultural sensitivity training into curriculum for University health care students and to offering culturally appropriate mentoring and skills-building sessions for African American men and women.

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Lake County, Illinois

Community Health Center
"Health Disparities Collaborative"

www.co.lake.il.us/health/pcs

In 2003, the Lake County Health Department's Community Health Center was selected to participate in the Health Disparities Collaborative sponsored by the U.S. Department of Health and Human Services, Bureau of Primary Health Care (BPHC). The goal was to increase, through program redesign, the screening rates for cervical, breast and colon cancers among health center patients.

A project team was formed by the Director of Primary Care Services, and the team has completed several BPHC sessions to learn about the redesign process, and how to lead an organization to introduce cancer screening into its model of patient care. The team has developed a new relationship with the American Cancer Society (ACS) and is working with an ACS representative to develop arrangements with community specialty care providers to provide colonoscopies, biopsies, mammograms, and Loop Electrosurgical Excision Procedures (LEEP) for health center patients.

Upon completion of the Health Disparities Collaborative on cancer screening, the community health center plans to use the approach to address asthma, diabetes, and cardiovascular disease.

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Orange County, North Carolina
"Child Health Awareness Program"

The Child Health Awareness Program (CHAP) improves health awareness and behaviors of families with young children in Orange County through innovative health promotion efforts and by linking families to needed services. With a grant from the Orange County Partnership for Young Children, CHP first began at the Orange County Health Department in December 1999. While the program uses some traditional health education principles, it also employs unique methods that build community capacity and enhance the level of county residents' participation in an understanding of governmental programs.

CHAP has trained 29 Latino lay community women as volunteer Child Health Promoters, who in turn, educate and connect hundreds of previously "hard-to-reach" families to local resources.

In addition, the program worked with the Child Health Promoters to design, field test, and produce two bilingual, low literacy photo-story booklets that are used to educate Spanish- and English-speaking families about child safety. These "fotonovelas" are one-of-a-kind, culturally appropriate tools that the Promoters and other agencies use to promote poison prevention and child safety in the kitchen. Available to health departments across the state, the fotonovelas were funded through public and private sponsors. The Promoters and their fotonovelas have served as a model for other counties and continue to receive praise from professionals and community members alike.

For additional information, please contact:

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References

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Potter, Linda and Martin, Constance. September 2003. **Impact of Low Health Literacy Skills on Annual Health Care Expenditures.** Lawrenceville, NJ: Center for Health Care Strategies, Inc.

Shin, Peter, Jones, Karen and Rosenbaum, Sara. September 2003. **Reducing Racial and Ethnic Health Disparities: Estimating the Impact of High Health Center Penetration in Low-income Communities.** Washington, DC: Center for Health Services Research and Policy, The George Washington University.

Resources

The Access Project
Immigrant Access to Health Benefits: A Resource Manual
www.accessproject.org/feature.htm
Language Services Action Kit: Interpreter Services in Health Care Settings for People with Limited English Proficiency (available in both English and Spanish)
www.accessproject.org/projects.htm

Agency for Healthcare Research and Quality
www.ahcpr.gov
The User Liaison Program
Disseminates health services research findings for State and local health policymakers in easily understandable and usable formats through interactive onsite workshops, teleconferences, distance learning programs, and research syntheses.
http://www.ahcpr.gov/news/ulpix.htm

American Public Health Association (APHA)
Community Solutions to Health Disparities Database
www.apha.org/NPHW/solutions/

Bureau of Primary Health Care
www.bphc.hrsa.gov/
Health Disparities Collaborative
Reduce disparities in health outcomes for poor, minority, and other underserved people
www.healthdisparities.net/

The California Endowment
The California Endowment's mission is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians. Focusing on Access to Health Services, Workforce Diversity, Cultural Competence, Disparities in Health, Agricultural Worker Health, and Mental Health.
http://www.calendow.org

Center for Health Care Strategies, Inc.
Improving the Quality of Publicly Financed Health Care
Impact of Low Health Literacy Skills on Annual Health Care Expenditures
www.chcs.org/publications3960/publications_show.htm?doc_id=213128

The Commonwealth Fund
Research and studies on underserved populations and minority health
www.cmwf.org/publist/publist2.asp?CategoryID=11

Diversity Rx
Promoting language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities
www.diversityrx.org

Joint Center for Political and Economic Studies
Conducts Research on public policy issues of special concern to black Americans and other minorities
http://jointcenter.org/DB/detail/health.htm

Kaiser Family Foundation
Minority Health and Racial Disparities Resources
www.kff.org/minorityhealth/disparities.cfm

Lake County Illinois Health Department
Report on Health Disparities
www.co.lake.il.us/health/cha_disparities/disparities.htm

National Association of Community Health Centers (NACHC)
Resources on the role of health centers in reducing racial and ethnic health disparities
www.nachc.org/advocacy/HealthDisparities/index.asp

National Association of County and City Health Officials (NACCHO)
Searchable database on model programs addressing health disparities
www.naccho.org/search.cfm?topicID=21&numresults=all&showabstract=yes

The National Center for Cultural Competence
To increase the capacity of health and mental health programs to design implement, and evaluate culturally and linguistically competent service delivery systems.
http://gucchd.georgetown.edu/nccc/

National Institute of Environmental Health Sciences
Health Disparities Research
www.niehs.nih.gov/oc/factsheets/disparity/

National Rural Health Association
Racial and Ethnic Minority Health Publications and Resources
www.nrharural.org/pagefile/minority.htm

University of South Carolina
Center for Research in Nutrition and Health Disparities
http://www.sph.sc.edu/nutrition/

U. S. Department of Health and Human Services
Office of Minority Health
The mission of the Office of Minority Health (OMH) is to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities.
www.omhrc.gov/omh/sidebar/aboutOMH.htm

The Center for Linguistic and Cultural Competence in Health Care
www.omhrc.gov/cultural/index.htm

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